Washington State Department of Social & Health Services
DDD Division of Developmental Disabilities

DIVISION OF DEVELOPMENTAL DISABILITIES

PLANNED ACTION NOTICE
PROVIDER DENIAL OR TERMINATION

CLIENT NAME AND ADDRESS

REPRESENTATIVE NAME AND ADDRESS

ACTION

You are being notified that effective _____ , DDD is taking the following action against your provider:

- ☐ **Terminating payment**
- ☐ **Terminating the contract**
- ☐ **Denying a contract**
- ☐ **Denying payment**

This provider is currently providing the following:

- ☐ **Medicaid Personal Care**
- ☐ **Waiver Personal Care**
- ☐ **Respite Care**
- ☐ **Companion Home**
- ☐ **Alternative Living**
- ☐ **Certified Residential Services**
- ☐ **Other** _____

DDD is taking this action because:

DECISION AUTHORITY

DDD's authority to take this action is based on:

- ☐ **Washington Administrative Code (WAC):**
  - ☐ **388-845-0300 through 2205** HCBS Waiver Provider Qualifications
  - ☐ **388-71-0500 through 05665** Individual Provider/Home Care Agency Provider Qualifications
  - ☐ **388-101-1440 through 1550** Certified Residential Service Provider Qualifications
  - ☐ **388-06** Background Checks
  - ☐ **Other** _____
- ☐ **Contract: (Cite contract section)** _____

You remain eligible for this service but must choose another qualified provider.

The date mailed or given to client: _____

cc: Significant other: _____
Client file

YOUR APPEAL RIGHTS

You have ninety (90) days from the receipt of this notice to request an administrative hearing to appeal this action.

- To continue services from this provider during an appeal, you must request a hearing by _____

You have the following rights:

1. To be represented (you may be eligible for free legal assistance):
2. To request a copy of your file and all information reviewed by DDD to make its decision;
3. To submit documents into evidence;
4. To testify at the hearing and to present witnesses to testify on your behalf; and
5. To cross examine witnesses testifying for the department.

DO YOU HAVE QUESTIONS?

If you have questions about this decision or appeal process, please contact

_____ **at** _____
TELEPHONE NUMBER

Washington State Department of Social & Health Services
DDD Division of Developmental Disabilities

PLANNED ACTION NOTICE
DDD PROVIDER DENIAL OR TERMINATION REQUEST FOR HEARING

per Chapter 388-02 for DSHS hearing rules.

FOR AGENCY USE ONLY

☐ **Oral request taken by:**

NAME | TELEPHONE NUMBER

INVOLVED DIVISION/ORGANIZATION

MAIL TO: OFFICE OF ADMINISTRATIVE HEARING (OAH), MAIL STOP: 42489
PO BOX 42489
OLYMPIA WA 98504-2489

FAX: 360-586-6563

I request a hearing because I disagree with the following provider decision by the Division of Developmental Disabilities (DDD):

YOUR NAME (PLEASE PRINT)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS OF PERSON REQUESTING HEARING	CLIENT ID NUMBER	
CITY STATE ZIP CODE	TELEPHONE NUMBER (INCLUDE AREA CODE) ☐ **MESSAGE PHONE**	

I was notified of the decision on: _____ by: _____
DATE DSHS OFFICE NAME AND LOCATION

I want continued assistance, if I am eligible: ☐ **Yes** ☐ **No** Program: _____

I am represented by (if you are gong to represent yourself, do not fill in the next two lines):

YOUR REPRESENTATIVE'S NAME	ORGANIZATION	TELEPHONE NUMBER
ADDRESS CITY	STATE	ZIP CODE

☐ **I authorize release of information about my hearing to my representative.**

YOUR SIGNATURE	DATE

Do you need an interpreter or other assistance or accommodation for the hearing? ☐ **Yes** ☐ **No**

If yes, what language or what assistance? _____

Administrative Law Judges (ALJ's) may hold some hearings by telephone. If you want to change to an in-person hearing, follow the instructions in the Notice of Hearing that will be mailed to you by OAH.

INSTRUCTIONS

Do clients have appeal rights to denial or termination of their choice of providers?
Yes, clients have appeal rights. Refer to WAC 388-825-120.

What are some reasons I might deny or terminate a provider?
Some examples might be (but not limited to):

- The provider has worked for 120 days or more and has not met the training requirements.
- Provider is not available to provide care as outlined on the client's service Plan.
- The Division does not believe this provider can meet the client's health and safety needs.
- Payment can be terminated at the request of the client or the client's representative.
- A contract can be terminated for default when the contractor has not complied with the terms of the contract.
  Refer to (WAC 388-825-375).

Who makes the decision to deny or terminate a provider payment or contract?

- The decision to deny or renew a contract is made by the Field Services Administrator (FSA).
- The decision to terminate a contract prior to the end date of the contract is made by the Office of Central Contracts Services upon the recommendation of the DDD HQ Contracts Manager.
- A regional management decision to terminate payment prior to the termination of the contract can only be made when there is substantiated abuse/neglect, the department determines client is in imminent jeopardy or there has been a failed background check on a provider with a contract.

How do I determine the effective date for terminating payment to the provider?

- When possible the termination date of payment coincides with the contract termination date, allowing at least 10 days from the date the Planned Action Notice is mailed, and extending to the end of that month.
- Termination of payment is immediate when there is substantiated abuse/neglect, or the department determines client is in imminent danger.

How do I determine the effective date for denying a current contract?
The date of contract termination is determined by the Office of Central Contracts Services.

How do I determine the effective date for denying a new/renewal contract?

- If it is a new contract the effective date is the date of denial by the FSA.
- If it is a contract renewal, the date for termination is the end date on the existing contract.

How do I ensure receipt of notification by client/client representative?
Per WAC 388-825-100 attempt at least twice to notify first by telephone then send written notification.

If my client appeals the decision to terminate their provider can they continue to use their provider during the appeals process?
The client can continue to use their provider if they request a hearing within the allotted time frame. The effective date is calculated by counting 10 days from the date the Planned Action Notice is mailed and extending to the end of that month. The request to continue services from the provider will be denied if there is substantiated abuse/neglect, the department determines client is in imminent danger, or there has been a failed background check on a provider with a contract.